



State of Rhode Island  
and Providence Plantations  
Office of the Secretary of State

A. Ralph Molits, Secretary of State  
Corporations Division  
148 W. River Street  
Providence, RI 02904-2615  
401.222.3040

# LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2007

**Filing Period:** September 1 - November 1 • **Filing Fee:** \$50.00

In accordance with R.I.G.L. 7-16-66 (d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66 (b&c)) is subject to a penalty fee of \$25.00.

1. ID No. <b>125046</b>		2. Exact name of the limited liability company <b>KENDAN, LLC</b>	
3. State of Formation <b>RHODE ISLAND</b>		4. Brief description of the character of the business which is actually conducted in Rhode Island <b>REAL ESTATE INVESTMENT</b>	
5. Principal office address <b>613 Aquidneck Ave</b>		City <b>Middletown</b>	State <b>RI</b>
		Zip <b>02842</b>	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name <b>Daniel D. Donovan III</b>		Contact Title <b>President</b>	
Street Address <b>613 Aquidneck Ave.</b>		City <b>Middletown</b>	State <b>RI</b>
		Zip <b>02842</b>	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - <b>DO NOT LIST MEMBERS</b> FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
Manager Name <b>Daniel D. Donovan III</b>		Manager Name <b>Kenneth A. Marshall</b>	
Street Address <b>97 Windward Dr.</b>		Street Address <b>83 Mulberry Rd.</b>	
City <b>Portsmouth</b>	State <b>RI</b>	City <b>Bristol</b>	State <b>RI</b>
Zip <b>02871</b>		Zip <b>02809</b>	
Manager Name <b>Daniel D. Donovan IV + Bryant J. Donovan</b>		Manager Name <b>Linda Felix Franklin</b>	
Street Address <b>14 Birch St.</b>		Street Address <b>296 Stoney Hollow Rd.</b>	
City <b>Portsmouth</b>	State <b>RI</b>	City <b>Tiverton</b>	State <b>RI</b>
Zip <b>02871</b>		Zip <b>02878</b>	
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11			
Agent Name <b>CHRISTOPHER J. BEHAN, ESQ.</b>		Address	
Address <b>294 VALLEY ROAD</b>		City <b>MIDDLETOWN</b>	Zip <b>02842</b>

This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

**FILED**

**JAN 23 2008**

BY 247612

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CORPORATIONS DIV  
JAN 23 PM 3:48

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

**Daniel D. Donovan III**

**11/1/07**

Signature of Authorized Person

Date

**Daniel D. Donovan III**  
Print or Type Name of Authorized Person

File Date \_\_\_\_\_

Check No. \_\_\_\_\_

By: \_\_\_\_\_

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